Lead Administrator: Terry Cline, Ph.D.

Secretary of Health and Human Services and Commissioner of Health

FY'17 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Public Health Infrastructure						\$0
Prevention and Preparedness						\$0
Community and Family Health						\$0
Protective Health						\$0
Health Improvement						\$0
Athletic Commission		\$0				\$0
Information Technology	\$0	\$0				\$0
Total	\$0	\$0	\$0	\$0	\$0	\$0
*Source of "Other" and % of "Other" total for each.						

FY'16 Carryover and Refund by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'16 Carryover						
FY'16 GR Refund**						\$0

^{*}Source of "Other" and % of "Other" total for each.

What Changes did the Agency Make between FY'16 and FY'17?

- 1.) Are there any services no longer provided because of budget cuts?
- 2.) What services are provided at a higher cost to the user?

None

3.) What services are still provided but with a slower response rate?

None

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.

FY'18 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Public Health Infrastructure	\$0	\$0	\$0		\$0	#DIV/0!
Prevention and Preparedness	\$0	\$0	\$0		\$0	#DIV/0!
Community and Family Health	\$0	\$0	\$0		\$0	#DIV/0!
Protective Health	\$0	\$0	\$0		\$0	#DIV/0!
Health Improvement	\$0	\$0	\$0		\$0	#DIV/0!
Athletic Commission	\$0	\$0	\$0		\$0	#DIV/0!
Information Technology	\$0	\$0	\$0		\$0	#DIV/0!
Total	\$0	\$0	\$0	\$0	\$0	#DIV/0!
*Source of "Other" and % of "Oth	par" total for each		-			

*Source of "Other" and % of "Other" total for each.

FY'18 Top Five Appropriation Funding Requests	
	\$ Amount
Request 1:	
Request 2:	
Request 3: Description	
Request 4: Description	
Request 5: Description	
Total Increase above FY-18 Request	0

How would the agency handle a 5% appropriation reduction in FY'18?						
Description						

^{**}Indicate how the FY'16 General Revenue refund was budgeted

\$0 Total Reduction of Expenditures

	How would the agency handle a 7.5% appropriation reduction in FY'18?	
\$ Amount	Description	
\$ Amount	Description	
02	Total Reduction of Expenditures	
	Total Reduction of Experiments	
	How would the agency handle a 10% appropriation reduction in FY'18?	
\$ Amount	Description	
00	T.A.I.D. J., et a., of P., a., Phys., a.	
50	Total Reduction of Expenditures	
	Is the agency seeking any fee increases for FY'18?	
		\$ Amount
l	N/A	\$0
	N/A N/A	\$0 \$0
Increase 5	. 17.2	Ψ0
	What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?	
	Federal Government Impact	
1) How muc	h federal money received by the agency is tied to a mandate by the Federal Government?	
1., 110W IIIUC	n reactar money received by the agency is near to a mandate by the reactar dovernment.	
2.) Are any o	f those funds inadequate to pay for the federal mandate?	

3.) What would the consequences be of ending all of the federal funded programs for your agency?
4.) How will your agency be affected by federal budget cuts in the coming fiscal year?
5.) Has the agency requested any additional federal earmarks or increases?
Division and Program Descriptions

Public Health Imperatives

Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm

Priority Public Health - Improvement of Health Outcomes

Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma

Prevention Services and Wellness Promotion

These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness

Access to Competent Personal, Consumer and Healthcare Services

These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable

Science and Research

Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation

Public Health Infrastructure

The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence

FY'17 Budgeted FTE								
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$		
Public Health Infrastructure	0	0	0	0	0	0		
Prevention and Preparedness	0	0	0	0	0	0		
Community and Family Health	0	0	0	0	0	0		
Protective Health	0	0	0	0	0	0		
Health Improvement	0	0	0	0	0	0		
Total	0	0	0	0	0	0		

FTE History									
2017 Budgeted 2016 2013 2010 2006									
Support Services				0	0				
Public Health Infrastructure	0	0	0						
Disease and Prevention				0	0				
Prevention and Preparedness	0	0	0						
Family Health				0	0				
Community Health				0	0				
Community and Family Health	0	0	0	0					
Protective Health	0	0	0	0	0				
Health Improvement	0	0	0	0					
Total	0	0	0	0	0				

		nce Measure Revie		11 (3 10)		1
	CY16	CY15	CY14	CY13	CY12	
All Hazards Preparedness	C110	0113	CIII	0113	0112	
Improve state score on National Health Security		7.6%	8.3%	7.3%	N/A	
improve state secre on realism freating security		7.070	0.5 / 0	7.570	IVA	
Improve Infectious Disease Control						
Incidence of tuberculosis, pertussis, hepatitis A and						
indigenously-acquired measles cases per 100,000		5.60%	6.86%	8.80%	6.80%	
Incidence of Reported Acute Hepatitis B Cases per						
100,000 Oklahoma Population		1.98%	1.47%	1.03%	2.1%	
Percent of immediately notifiable reports in which						
investigation is initiated by ADS within 15 minutes.		100%	95%	98%	95%	
,						
Improve Mandates Compliance						
Percent of State Mandated Non-Compliant Activities		100.00/	02.00/	06.004	02.207	1
Meeting Inspection Frequency Mandates (IFMs)		100.0%	93.0%	86.0%	92.3%	
Percent of State Mandated Complaint Activities Meeting		07.00/	04.007	00.007	22.10/	1
Inspection Frequency Mandates (IFMs)		95.0%	91.0%	80.0%	23.1%	
Percent of Contracted Non-Complaint Activities		100.00/	00.00/	06.004	06.007	1
Meeting Inspection Frequency Mandates (IFMs)		100.0%	88.0%	86.0%	86.0%	
Percent of Contracted Complaint Activities Meeting		100.00/	100.00/	100.00/	20.20/	
Inspection Frequency Mandates (IFMs)		100.0%	100.0%	100.0%	80.0%	
Improve Children's Health						2013
Percent of Pregnant Women Reiving Adequate Prenatal	NT/A	72.10/	70.10/	70.50/	70.00/	
Care as Define by Kotelchuck's APNCU Index	N/A	72.1%	70.1%	70.5%	70.0%	
Rate of Infant Deaths per 1,000 Live Births	N/A	7.3	8.1	6.8	7.5	
Percent of Infants Born to Pregnant Women Receiving	N/A	70.2%	68.5%	68.6%	68.5%	
Prenatal Care in the First Trimester	IN/A	70.276	06.576	08.076	08.576	
Percent of Preterm Births	N/A	10.3%	10.3%	10.5%	10.8%	
Improve Disease and Injury Prevention						
Percent of children 19-35 months old immunized with		64.8%	70.8%	62.7%	61.0%	
4:3:1:3:3:1		04.0 /0	/0.0 /0	04.7 /0	U1.U /0	
Decrease the Number of Preventable Hospitalizations		76.9	78.3	76.9	81.0	
for Medicare Enrollees (per 1.000)		/0.7	10.3	10.7	01.0	
Number of motor vehicle deaths in infants less than one		88	97	97	104	
year of age.		00	<i>)</i>)	107	
Improve Oklahomans' Wellness						
Percent of Oklahoma adults who are obese		32.7%	33.0%	32.5%	32.2%	
Percent of Oklahoma adults who smoke		21.0%	21.1%	23.7%	23.3%	
Cardiovascular deaths per 100,000		259.3	288.5	290.4	284.0	1
		92	77	72	52	1
				522	314	1
Number of Certified Healthy Communities Number of Certified Healthy Schools		545	595	523	314	
		545	595	523	314	
Improve Infrastructure, Policy, and Resource		545	595	523	314	
Number of Certified Healthy Schools		2 14.8%	595 2 11.7%	2 13.1%	0 12.9%	

Revolving Funds (200 Series Funds)								
	FY'14-16 Avg. Revenues	FY'14-16 Avg. Expenditures	June '16 Balance					
Kidney Health Revolving Fund 202 for Duties								
Genetic Counseling License Revolving Fund 203 for								
Duties								
Tobacco Prevention and Cessation Revolving Fund 204								
for Duties								
Alternatives to Abortion Services Revolving Fund 207								
for Duties								
Public Health Special Revolving Fund 210 for Duties - Available balance necessary to process local payroll for county health department services across the state.								
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Nursing Facility Administrative Penalties Fund 211 for Duties								
Home Health Care Revolving Fund 212 for Duties								
National Background Check Fund 216 for Duties								
Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433								
Oklahoma Organ Donor Education Revolving Fund 222								
for Duties								
Breast Cancer Act Revolving Fund 225 for Duties								
Sports Eye Safety Program Revolving Fund 226 for Duties								

	TOTALLE DELIVERY	01 112/12/11 (0 10)	
Oklahoma Leukemia and Lymphoma Revolving Fun			
228 for Duties			
Multiple Sclerosis Society Revolving Fund 229 for			
Duties			
Oklahoma Pre Birth Def, Pre Birth & Revolving Fund			
233 for Duties			
Oklahoma Lupus Revolving Fund 235 for Duties			
Trauma Care Assistance Revolving Fund 236 for Duties			
Pancreatic Cancer Research License Plate Revolving			
Fund 242 for Duties			
Regional Guidance Centers Revolving Fund 250 for			
Duties			
Child Abuse Prevention Revolving Fund 265 for Duties			
EMP Death Benefit Revolving Fund 267 for Duties			
Oklahoma Emergency Response System Stabilization			
and Improvement Revolving Fund 268 for Duties			
Dental Loan Repayment Revolving Fund 284 for Duties			
Oklahoma Insurance Disaster and Emergency Medicine			
Revolving Fund 285 for Duties			
Children's Hospital - Oklahoma Kids Association			
Revolving Fund 290 for Duties			
Oklahoma State Athletics Commission Revolving Fund			
295 for Duties			

2012-2014 2011-2013 2010-2012 2009-2011 7.5 7.2 7.5 7.6